MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05424

5418

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 2 1/2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) W. (Last) Breeden

4. DATE OF DEATH: (Month) (Day) (Year) June 5, 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Dec. 30, 1883

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months 5 Days 5 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert County, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Benjamin W. Ward

14. MOTHER'S MAIDEN NAME: Annie Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (unk.)) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: Clifton Breeden - Prince Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

IMMEDIATE CAUSE (A) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH 5 years

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ..., 19 54, to June 5, 1955, that I last saw the deceased alive on June 5, 1955, and that death occurred at 1 p M, from the causes and on the date stated above.

SIGNATURE M. D. Boyce Pratt ADDRESS Prince Frederick DATE SIGNED 6/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF June 8, 1955 — NAME OF CEMETERY OR CREMATORY Asbury Cemetery — LOCATION (City, town, or county) (State) Barstow - Calvert Co., Md

DATE REC'D BY LOCAL REGISTRAR 6-6-55 — REGISTRAR'S SIGNATURE N. W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son — ADDRESS Huntingtown, Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 05425

5419

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 64 County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Plum Point X
STREET ADDRESS (If rural give location) Prince Frederick 1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Jane (Last) Brooks

4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1955

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 7

9. AGE last birthday 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Benjamin Brooks

14. MOTHER'S MAIDEN NAME: Rachel Brown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: James E. Jenifer Prince Fred.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral accident

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Hypertension.

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 June, 19 55, to June 7, 19 55, that I last saw the deceased alive on 5 June, 19 55, and that death occurred at 1:55 P M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Huntingtown DATE SIGNED 6/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 6-9-55 — NAME OF CEMETERY OR CREMATORY St Edmonds — LOCATION (City, town, or county) Calvert (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-9-55 — REGISTRAR'S SIGNATURE A. W. Ward

24. FUNERAL DIRECTOR — ADDRESS P. T. Sewell. Prince Fred, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05426

5420 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 64 Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dares Beach X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (First) Sadie (Middle) L. (Last) Buckley
4. DATE OF DEATH: (Month) June (Day) 16, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	W	Dec. 25, 1891	63 yrs.		21		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Calvert Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Hall
14. MOTHER'S MAIDEN NAME: Sarah E. Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service: No
16. SOCIAL SECURITY NO.: No
17. INFORMANT & ADDRESS: Kenneth Buckley - Dares Beach, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
260X IMMEDIATE CAUSE	(A) Hypertensive Cardio Vascular Disease	2 years
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Diabetes Mellitus	4 years
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ..., 19 54, to June 16, 1955, that I last saw the deceased alive on June 16, 1955, and that death occurred at 10 15 P M, from the causes and on the date stated above.

SIGNATURE Irene Hall M. D. ADDRESS Prince Frederick DATE SIGNED 6/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 19, 1955	Wesley Cemetery	Prince Frederick, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/18/55	J W Ward	A.C. Harkins & Son	Mutual, Md.

5421

05428

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Leonards
LENGTH OF STAY (in this place) 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Point Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN St Leonard Md
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Stanley (Middle) Brown (Last) Houghton

4. DATE OF DEATH (Month) 6 (Day) 14 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH: Aug 21, 1903

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months 9 Days 23 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Hume - Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rideout B. Houghton

14. MOTHER'S MAIDEN NAME: Beulah Athey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 579-44-7331

17. INFORMANT & ADDRESS: Ethel G. Houghton - St. Leonards, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

912.1

Immediate cause (a) Crushed Chest

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Farm tractor turned over on him

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home

21c. (City or town) St Leonards (County) Calvert (State) Md

21d. TIME OF INJURY (Month) 6 (Day) 14 (Year) 55 (Hour) 10 P.M.

21e. INJURY OCCURRED While at work ☒ Not while at work ☐ 0

21f. HOW DID INJURY OCCUR? Tractor turned over on him

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 6/14/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF June 17, 1955

NAME OF CEMETERY OR CREMATORY Christ Church Cem.

LOCATION (City, town, or county) (State) Port Republic, Md.

DATE REC'D BY LOCAL REG. 6-11-55

REGISTRAR'S SIGNATURE N.W. Ward

24. FUNERAL DIRECTOR A.A. Harkness & Son - Mutual, Md. **ADDRESS**

19&20& Items 21 Film G182 6-17-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05429

CERTIFICATE OF DEATH

Reg. Dist. No. 51

5122

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Leonards
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (First) Minna (Middle) (Last) Kunandt
4. DATE OF DEATH: (Month) June (Day) 1, (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W
8. DATE OF BIRTH: Dec. 29, 1879
9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months 5 Days 2 IF UNDER 24 HRS. Hours — Min. —
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ludwig Schmakel
14. MOTHER'S MAIDEN NAME: Dorthea Steinmueller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Spa
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Erika D. Kaeppele 3028 N. St., N.W., Wash., D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

900.0 IMMEDIATE CAUSE (A) Uremia

ANTECEDENT CAUSE (S) DUE TO (B) Nephritis - Senescent arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) - Fracture hip

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1 May / 55
19B. MAJOR FINDINGS OF OPERATION: Pin on hip
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Home
21C. WHERE DID INJURY OCCUR? (City or town) (County) 04 (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) April 22/55 PM.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? Fell down steps at home

22. I hereby certify that I attended the deceased from April, 19 55, to June 1, 19 55, that I last saw the deceased alive on June 1, 19 55, and that death occurred at 10:40 A M, from the causes and on the date stated above.
SIGNATURE Rdw Williams M.D. M. O. ADDRESS St Leonard DATE SIGNED 6/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF June 4, 1955
NAME OF CEMETERY OR CREMATORY Water's Memorial
LOCATION (City, town, or county) (State) Island Creek, Md.

DATE REC'D BY LOCAL REGISTRAR 6-3-55
REGISTRAR'S SIGNATURE H.W. Ward
24. FUNERAL DIRECTOR A.C. Harkins & Son - Mutual, Md. ADDRESS

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05430

5423 CERTIFICATE OF DEATH

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Island Creek
LENGTH OF STAY (in this place) 29 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Island Creek
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Alberta (Middle) (-) (Last) Mills

4. DATE OF DEATH: (Month) June (Day) 23, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 1893

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Charlestown, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Jack Mills - Island Creek, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary embolism — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Found dead sitting up in a chair

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY Home

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) 6 (Day) 23 (Year) 55 (Hour) 5 PM m.

INJURY OCCURED While at Work ☐ Not While At Work ☒

HOW DID INJURY OCCUR? Found sitting in a chair

22. I hereby certify that I attended the deceased from ~~....., 19..~~ to ~~....., 19.....~~, that I last saw the deceased alive on ~~....., 19....~~, and that death ~~occurred~~ at 5 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Howard Owen Lund ADDRESS DATE SIGNED 6/23/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 26, 55 NAME OF CEMETERY OR CREMATORY Brooks Church Cemetery - Mutual, LOCATION (City, town, or county) Md. (State)

DATE REC'D BY LOCAL REGISTRAR June 26, 1955 REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR Leroy E. Berry ADDRESS Huntingtown, Md.

VS. A15

05431

MARYLAND 5424

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Huntingtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print) (First) Ellen (Middle) (Last) Offer

4. DATE OF DEATH (Month) 6 (Day) 25 (Year) 1955

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify)

8. DATE OF BIRTH 1-23-1907

9. AGE last birthday 48 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Albert Mackall

14. MOTHER'S MAIDEN NAME Ella Coates.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Virginia Offer Huntingtown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive C.V. disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1955 to June 23 1955, that I last saw the deceased alive on June 22, 1955, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 6-28-55 NAME OF CEMETERY OR CREMATORY Patuxent LOCATION (City, town, or county) (State) Huntingtown md

DATE REC'D BY LOCAL REG. 6-27-55 REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR ADDRESS P. E. Sewell. Prince Fred, md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05433

5425 CERTIFICATE OF DEATH Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Prince Frederick | LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Beach Md.
STREET ADDRESS (If rural give location) 1st Street. No 12

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) Jay (Last) Post
4. DATE OF DEATH: (Month) June (Day) 2 (Year) 19 55
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec 30 1893
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Ritchie Co West Va
12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME: George Washington Deeno
14. MOTHER'S MAIDEN NAME: Mary Alice Deeno. N.J.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr John H. Post. 656 Kensington Ave Long Branch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
590X
Immediate cause (a) Acute nephritis — Interval Between Onset and Death: 3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Went into shock

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/30, 1955 to 6/2, 1955, that I last saw the deceased alive on 6/2/55, 19..., and that death occurred at 4:30 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
6/3/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 6, 1955
NAME OF CEMETERY OR CREMATORY Shinnston Masonic
LOCATION (City, town, or county) (State) West Va.
DATE REC'D BY LOCAL REGISTRAR June 3, 1955
REGISTRAR'S SIGNATURE Grace L. Kuteleis
24. FUNERAL DIRECTOR ADDRESS Harmon Funeral Home Shinnston, West Va.

5426

05434

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Beach
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.Y. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Oceanside Long Island
STREET ADDRESS (If rural, give location) 69 X-3

3. NAME OF DECEASED: (Type or Print) (First) Tanya (Middle) Ann (Last) Thompson
4. DATE OF DEATH (Month) 6 (Day) 29 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W		May 4 1929	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Private
11. BIRTHPLACE (State or foreign country): N.Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter J. Thompson
14. MOTHER'S MAIDEN NAME: Anna Bailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Socony Mobil Oil Co. Oceanside L.I.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Crushed Chest
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Was crushed in car accident

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
21c. (City or town) (County) Calvert Co. (State) Md.
21d. TIME OF INJURY (Month) 6 (Day) 29 (Year) 55 (Hour) 6 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 6/30/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/5/55	Holy Rood Cemetery	Long Island, N.Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
June 30	Grace L. Lutkins	Towers Funeral Home Oceanside, Long Island, N.Y.

VS. A15A - 5 - 53

5427

05435

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) [redacted]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. H.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN 69X-3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Walter (Middle) E. (Last) Thompson
4. DATE OF DEATH (Month) 6 (Day) 29 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 6/30/22
9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Walter J. Thompson Sr.
14. MOTHER'S MAIDEN NAME: Sarah Bagley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ?
17. INFORMANT & ADDRESS: Edwin Lynn Hyde

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Fracture neck & internal injuries DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Auto accident

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Highway
21c. (City or town) W. Del (County) Calvert (State) Md
21d. TIME OF INJURY (Month) 6 (Day) 29 (Year) 55 (Hour) 6 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 6/30/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7/5/55
NAME OF CEMETERY OR CREMATORY Holy Rood Cemetery
LOCATION (City, town, or county) (State) Long Island, N.Y.

DATE REC'D BY LOCAL REG. June 30/55
REGISTRAR'S SIGNATURE Grace L. Kutelkis
24. FUNERAL DIRECTOR ADDRESS Towers Funeral Home Oceanside, Long Island N.Y.

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